

**WASTE DISPOSAL IMPORTER
APPRAISAL QUESTIONNAIRE**
For Selection to Limerick City Council Approved Contractor Status



PROJECT: Limerick Main Drainage

This questionnaire, duly completed, must be returned to: info@strltd.nt

Or by Post at this address: **Severn Trent Response Ltd,
Bunlicky WWTP,
Dock Rd.
Limerick**

Introduction:

In order to comply with current **Health and Safety Legislation**, Limerick City Council requires all Waste Disposal Importers to be assessed for Health and Safety and Environmental competency.

In order to comply with this Legislation, please complete the attached questionnaire and provide the information requested.

This information shall enable contractors to be appointed as Approved Importers for Disposal of Waste at the Limerick Main Drainage Plant.

Failure to submit the required documentation may result in refusal to enter **Bunlicky WWTP**.

Company Details:

- | | | |
|-----|--------------------|--------------|
| 1.1 | Company Name: | Co. Reg. No: |
| 1.2 | Address: | |
| 1.3 | Contact: | Job Title: |
| 1.4 | Tel: | Fax: |
| 1.5 | Email: | |
| 1.6 | Website: | |
| 1.7 | Services Provided: | |

2.0 Insurance Details:

2.4 Please specify the insurance cover you currently have in place for any of the insurance types listed below and add in any others you hold that you feel are relevant:

Please provide a copy of your summary of insurance documents from your broker(s) for those you list.

<u>Type of Insurance</u>	<u>Amount of Cover</u>	<u>Expiry Date</u>	<u>Insurer</u>
Employers Liability			
Public Liability			
Contractors All Risks			
Motor Insurance			

3.0 Health & Safety:

3.1 Please attach a copy of your current H&S Safety Statement or the HSA Code of Practice for Contractors.

3.2 Do your procedures in your Safety Statement highlight to employees the risks associated with sewerage and the control measures in place to provide protection from sewage borne diseases. Y
N

3.3 Please identify type of training given to your employees.

Course	Y	N	Comments
Safepass			Compulsory
Manual Handling			Compulsory
Occupational 1 st Aid			
Other			

(Copies shall be required to be presented before commencing work on the Plant)

4.0 Environmental:

4.1 Does your company have an Environmental Policy?
(If yes, please provide a copy) YES
NO

4.3 Please provide all current waste licences required for your operations
(please provide a copy of the licence) Attached
YES
NO

PLEASE INSERT A CROSS TO SHOW THAT THE FOLLOWING HAVE BEEN ATTACHED:

- Summary of Insurance Documents
- Health & Safety Statement/HAS Code of Practice
- Copies of Safepass, Manual Handling Training Certs
- Copies of Waste Licences

I certify that the details given in this questionnaire and in any supporting documentation are correct. I understand the Risk Assessment (STRHS133) and will comply with the Safe Systems of Work (STRHS033/LMD).

Signed: Date:
Name (Block capitals):
Position:
Telephone No: